7 7 O . SEC	CURITIES AND EXCHANGE COMM	ISSION	OMB Numbe	er:	3235-0076
	Washington, D.C. 20549	OCESS	Expires:	M	ay 31, 2005
	FORM D JUL	- 20 2004	Estimated av	erage burden !	hours per
المراجعة الم		· · · · · · · · · · · · · · · · · · ·	response		16.00
200° /	NOTICE OF SALE OF SECURIT	TOUSON /	SI	EC USE ONLY	
JUL TO E	PURSUANT TO REGULATION	~ 0 CM	Prefix]	Serial
102 gree	SECTION 4(6), AND/OR	<i>D</i> ,		TE RECEIVE	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		NADTION.	DA	TE RECEIVE	
UNIF	ORM LIMITED OFFERING EXE	MIPTION			
Name of Offering (check if this	is an amendment and name has changed,	and indicate	change.)		
Issuance of Restricted and Un-Restricted			Offshore Hedg	e Fund, Ltd.	
Filing Under (Check box(es) that apply):		Rule 506	Section 4(6)	☐ ULOE	
Type of Filing: New Filing			_		
	A, BASIC IDENTIFICATION	DATA			
1. Enter the information requested about the					
Name of Issuer (check if this is an am		ate change.)			
Wells Fargo Multi-Strategy 50 Offshore I			_	8373	
Address of Executive Offices	(Number and Street, City, State, Zip Coo	´ 1	elephone Numbe	r (Including Ar	ea Code)
c/o Wells Fargo Alternative Asset	420 Montgomery Street] (4	115) 222-4000		
Management, LLC	San Francisco, California 94104				
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Coo	le) T	elephone Numbe	r (Including Ar	ea Code)
Brief Description of Business Investm	ent Company				
Type of Business Organization					
corporation	limited partnership, already form			specify): Cayr	nan Islands
_	_		exempted compa	ny	
business trust	limited partnership, to be formed				
	Month	Year			_
Actual or Estimated Date of Incorporation o	r Organization: 0 6	$0 \mid 2$	_ ⊠ Actual	Estima	ted
Jurisdiction of Incorporation or Organization	n: (Enter two-letter U.S. Postal Service	abbreviatio	n for State:		
	CN for Canada; FN for other foreign	n jurisdiction	F	N	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sale are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

1

Managing Partner Wells Fargo Alternative Asset Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 420 Montgomery Street, San Francisco, California 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Priedman, Kevin M. Business or Residence Address (Number and Street, City, State, Zip Code) 420 Montgomery Street, San Francisco, California 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Leach, Timothy J. Business or Residence Address (Number and Street, City, State, Zip Code) 420 Montgomery Street, San Francisco, California 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Rauchle, Daniel J. Business or Residence Address (Number and Street, City, State, Zip Code) 420 Montgomery Street, San Francisco, California 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Rauchle, Daniel J. Business or Residence Address (Number and Street, City, State, Zip Code) 420 Montgomery Street, San Francisco, California 94104 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Wells Fargo Alternative Asset Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code)		
•		6
	and managing partners of	r parmership issuers; and
	Officer Director	
Full Name (Last name first, if individual)	<u> </u>	
Wells Fargo Alternative Asset Management, LLC		
Business or Residence Address (Number and Street, City, State, Zip Code)		
420 Montgomery Street, San Francisco, California 94104		
Check Box(es) that Apply:	Officer Director	
Full Name (Last name first, if individual)		
Friedman, Kevin M.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
420 Montgomery Street, San Francisco, California 94104		
Check Box(es) that Apply: Promoter Beneficial Owner Executive C	Officer \(\sum \) Director	
Full Name (Last name first, if individual)		
Leach, Timothy J.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
420 Montgomery Street, San Francisco, California 94104		
	Officer Director	
Full Name (Last name first, if individual)		
Rauchle, Daniel J.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
420 Montgomery Street, San Francisco, California 94104		
	Officer Director	_
Wells Fargo Alternative Asset Management, LLC	·	
Business or Residence Address (Number and Street, City, State, Zip Code)		
420 Montgomery Street, San Francisco, California 94104		
	\	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Each Box(es) that Apply:		
B. INFORMATION ABOUT OFFER	RING	
		

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

											Υe	
1. Ha	s the issuer	sold, or doe							g?	•••••	\Box] 🛛
O 337					endix, Colu		•				e = 1	00 000 +
2. Wh	iat is the mi	nimum inve	estment that	will be acc	epted from	any individ	iuai:	•••••	• • • • • • • • • • • • • • • • • • • •	•••••		00,000 * ay be waived
	,										Ye	•
ì											×	
3. Do	es the offer	ng permit j	oint owners	hip of a sin	gle unit?					***************************************		
										indirectly,		
										the offering		
										or with a state ersons of suc		
	ker or deale							iistoa aio a	osociaica p	orgons of sac	u	
Full Na	me (Last na	me first, if	individual)			\						
Wells F	argo Inves	tments, LI	.C									
	s or Reside		•		•	Zip Code)						
	lifornia Str			ancisco, 94	1104					 -		
Name o	f Associate	d Broker or	Dealer									
Ctataa i	n Which Per		has Calisia	. d T t d	a da Calinid	Donah a a ana						
	k "All State				-						⊠ All	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	me first, if	individual)								<u> </u>	
												
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State,	Zip Code)						
Name o	f Associated	d Broker or	Dealer								-	
C	WILL D	T 1	1 6 11 14	1 7 . 1		D 1						
	n Which Per ck "All State											States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	me (Last na	me first, if	individual)					-				
Busines	s or Reside	nce Address	s (Number	and Street,	City, State,	Zip Code)		·			N	
												
Name o	f Associated	d Broker or	Dealer									
	n Which Per											
•	k "All State			•							☐ All	
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[MI] [OH]	[MN] [OK]	[OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
		Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	\$0	\$0
	Equity	\$0	\$ 0
	Common Preferred	C.O.	. .
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$ 0	\$ 0
	Other (Specify Restricted and Un-Restricted Classes of Shares)	\$100,000,000	\$20,952,557
	Total	\$100,000,000	\$20,952,557
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	43	\$20,952,557
	Non-accredited Investors	0	<u>\$0</u>
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 3, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
	Type of offering	Security	Sold
	Rule 505	N/A	\$ N/A
	Regulation A	N/A	\$ N/A
	Rule 504	N/A	\$ N/A
	Total	N/A	\$ N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ 0
	Printing and Engraving Costs		\$ 0
	Legal Fees	\boxtimes	\$62,611
	Accounting Fees		\$ 0
	Engineering Fees		\$ 0
	Sales Commissions (specify finders' fees separately)	5 7	\$75,177
	Other Expenses (identify).		\$0
	Total	57	\$137,788

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NO	INIBER OF INVESTORS, EXPE	NOES.	AND USE OF PROC	EED3	
b. Enter the difference between the aggregate Question 1 and total expenses furnished in response the "adjusted gross proceeds to the issuer."	nse to Part C - Question 4.a. This dif	fferenc	e is		\$99,862,212
 Indicate below the amount of the adjusted gross used for each of the purposes shown. If the am estimate and check the box to the left of the es equal the adjusted gross proceeds to the issuer above. 	proceeds to the issuer used or propo- tiount for any purpose is not known, stimate. The total of the payments li	osed to furnish isted m	be an uust	•	<i>\$773,002,022</i>
Salaries and fees			Payments to Officers, Directors, & Affiliates		Payments To Others
Purchase of real estate			\$		\$
Purchase, rental or leasing and installation of mach			¢	·	•
Construction or leasing of plant buildings and facili	• •		\$		\$ •
			Ψ	. ⊔	Φ
Acquisition of other businesses (including the va offering that may be used in exchange for the ass					
pursuant to a merger)			\$		\$
Repayment of indebtedness	,		\$		\$
Working capital			\$		\$99,862,212.
Other (specify):			\$		\$
			\$		\$
Column Totals			\$		\$99,862,212
Total Payments Listed (column totals added)			\$99,862,2	212	
,			-		-
	D. FEDERAL SIGNATURE	`			
The issuer has duly caused this notice to be signed following signature constitutes an undertaking by the its staff, the information furnished by the issuer to a Issuer (Print or Type) Wells Fargo Multi-Strategy 50 Offshore Hedge Fund, Ltd.	ne issuer to furnish to the U.S. Secur	ities a	nd Exchange Commiss	ion, up 502.	
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Daniel J. Rauchle	Director of Wells Fargo Multi-S	trateg	y 50 Offshore Hedge	Fund,	Ltd.
					
	ATTENTION				
Intentional misstatements or omissions of fact co		s. (Se	e 18 U.S.C. 1001.)		

		E. STATE SIGNATURE			
1.	Is any party described in 17 CFR 230.262 presof such rule?	ently subject to any of the disqualification provi		Yes	No ⊠
	,	ee Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to fu (17 CFR 239.500) at such times as required by		which this notice is fi	led, a notice	on Form D
3.	The undersigned issuer hereby undertakes to fu offerees.	urnish to the state administrators, upon written re	equest, information fu	ırnished by	the issuer to
4.		er is familiar with the conditions that must be s which this notice is filed and understands that hese conditions have been satisfied.			
	e issuer has read this notification and knows the dersigned duly authorized person.	he contents to be true and has duly caused th	nis notice to be signe	ed on its be	half by the
We	ner (Print or Type) ells Fargo Multi-Strategy 50 Offshore Hedge nd, Ltd.	Signature Mm N2	Date July 16, 2004	 , ,	
	me of Signer (Print or Type) niel J. Rauchle	Title of Signer (Print or Type) Director of Wells Fargo Multi-Strategy 50	Offshore Hedge Fun	ıd, Ltd.	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	Intend to non-a investor	2 to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of inves	4 tor and amount ate (Part C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL				<u> </u>			<u> </u>			
AK							: 			
AZ		X	Shares	6	\$4,938,000	0	\$0		X	
AR					-					
CA		Х	Shares	9	\$5,355,750	0	\$0		x	
СО		X	Shares	2	\$625,400	0	\$0		X	
CT					<u> </u>				1	
DE				<u> </u>			·			
DC										
FL		X	Shares	1	\$196,000	0	0		X	
GA										
HI						<u> </u>			,	
ID		X	Shares	1	\$500,000	0	\$0	-	X	
IL										
IN		X	Shares	1	\$200,000	0	0		X	
IA		Х	Shares	2	\$608,700	0	\$0		X	
KS				<u></u>						
KY										
LA										
ME										
MD										
MA										
MI										
MN		X	Shares	8	\$3,067,824	0	\$0		Х	
MS										
МО										
		<u> </u>								

1		2	3	Al	5							
	Intend to sell to non-accredited investors in State (Rart B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)					aggregate offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)			aggregate offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)		State UL attach exp waiver	cation under OE (if yes, planation of granted) E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
MT												
NE		Х	Shares	1	\$220,500	0	\$0		X			
NV												
NH								-				
NJ		Х	Share	1	\$196,000	0	\$0		X			
NM												
NY												
NC												
ND		X	Shares	1	\$600,000	0	0		X			
ОН		X	Shares	1	\$200,000	0	0		X			
ОК												
OR	!	X	Shares	1	\$1,000,000	0	\$0		X			
PA												
RI												
SC												
SD												
TN												
TX		Х	Shares	1	\$550,000	0	\$0		X			
UT												
VT												
VA			Sharas	1	\$205,383.52	0	\$0		X			
WA WV		Х	Shares	1	\$205,383.52	0	ΦU		X			
WI		x	Charas	1	\$196,000	0	\$0		X			
WY WY		X	Shares	ı	\$130,000	U	\$U		X			
		v	Sh		# 400.000		6 0		V			
ON- S		Х	Shares	1	\$400,000	0	\$0		Х			